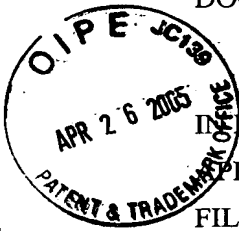


DOCKET NO.: 123034-05004909

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR APPLICATION OF: Myung Gyu CHOI

ART UNIT: 282822

APPLICATION NO.: 10/724,127

EXAMINER: Trinh, Michael Manh

FILING DATE: December 1, 2003

FOR: METHOD OF FORMING WELL IN SEMICONDUCTOR DEVICE

**REVOCATION OF POWER OF ATTORNEY AND
NEW POWER OF ATTORNEY**

COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

SIR:

The undersigned representative of **Hynix Semiconductor Inc.**, an owner by virtue of assignment of the above-identified application, hereby revokes any and all previous Powers of Attorney, and appoints the practitioners associated with the **Customer Number 43569** as Assignee's attorneys with full power of substitution and revocation, to prosecute said patent application, receive any Letters Patent and to take any and all other actions with regard to this patent application and any Letters Patent issuing thereon, and request that all correspondence be sent to **Customer No. 43569** or **Mayer, Brown, Rowe & Maw LLP**, Intellectual Property Group, 1909 K Street, N.W., Washington D.C. 20006-1101.

CERTIFICATION UNDER 37 C.F.R. 3.73(b)

I, the undersigned, certify that I am an individual empowered to act on behalf of **Hynix Semiconductor Inc.**, the assignee of the entire right, title and interest of the above-identified application by virtue of an assignment from the inventor(s).

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such

willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date of Signature: 2005/01/28

Signature: 

Name: CHOI, Hyun-Koo

Title of Signor: Senior Manager